



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

CMI INTOXILYZER 5000 MAINTENANCE REPORT

received 1/18/14-cd

REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

REVIEWED

By Carol Day at 11:54 am, Feb 05, 2014

INTOXILYZER 5000 SN <u>66009891</u>	NAME OF AGENCY <u>Sikeston DPS</u>	DATE OF INSPECTION <u>1-12-2014</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>201 S Kingshighway, Sikeston, MO 63801</u>		TIME OF INSPECTION <u>2302</u>

CHECKLIST: Place a mark by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- ☒ DVM TEST: (350 ± 150) 379
- ☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 01-12-2014 2302
- ☒ CHARACTER DISPLAY TEST
- ☒ PRINT TEST (PRINTOUT ATTACHED)
- ☒ SIMULATOR SOLUTION SUPPLIER Buth LOT # 13290 EXP. DATE 10-29-2015
- ☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0°C SIMULATOR SN 502245 EXP. DATE 03-12-2014

☒ **CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
- ☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
- ☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 <u>.100</u>	TEST 2 <u>.100</u>	TEST 3 <u>.099</u>
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☒ PERFORM RFI TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS <u>0</u>	0-04 <u>0</u>	05-09 <u>0</u>	10-14 <u>4</u>	15-19 <u>1</u>	Over 19 <u>1</u>
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY)

Operated within DH Guidelines

INSPECTING OFFICER

SIGNATURE <u>Casey Riddle</u>	PRINT FULL NAME <u>Casey Riddle</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>220395 11-19-2014</u>	TELEPHONE NUMBER <u>513-471-6200</u>

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901

**GUTH LABORATORIES, INC.**

830 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-564-8470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

THIS SIDE UP THIS EDGE IN FORM NUMBER 015010

01/13/2014 01:20:19
 01/13/2014 01:20:19
 01/13/2014 01:20:19
 01/13/2014 01:20:19

THIS SIDE UP THIS EDGE IN FORM NUMBER 015010

01/13/2014 01:20:19
 01/13/2014 01:20:19
 01/13/2014 01:20:19
 01/13/2014 01:20:19

NO RFI PRESENT

Maintenance

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Riddle

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXLYZER INSTRUMENT PRINTER CARD

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CMI

Maintenance

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Riddle

OPERATOR

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THIS SIDE UP THIS EDGE IN FORM NUMBER 015010

131 3 KINGSHIGHWAY
INTOXILYZER - MICROBOL HIRLIZER
NO MODEL 5000 SN 00-004551
01/12/2014

CIRCUITRY TEST 10:01

POWER CHECK PASSED
RAM CHECK PASSED
TEMP CHECK PASSED
PROCESSOR CHECK PASSED
SYNC PULSE PASSED
SYNC SPEED PASSED
NEG STABILITY PASSED
POS STABILITY PASSED
REF RANGE PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCEFGHIJKLMNOPQRSTUVWXYZ
0123456789

Maintenance
TECHNICIAN

TIME FIRST OBSERVED INSTRUMENT LOCATION

Riddle
OFFICER

ADDITIONAL INFORMATION AND/OR REMARKS

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THIS SIDE UP THIS EDGE IN FORM NUMBER 015010

01 00-004551 01/12/2014 10:01

ABCEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCEFGHIJKLMNOPQRSTUVWXYZ0123456789
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Maintenance
TECHNICIAN

TIME FIRST OBSERVED INSTRUMENT LOCATION

Riddle
OFFICER

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State of Missouri
DEPARTMENT OF HEALTHP E R M I T
TYPE II

CASEY RIDDLE

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 11/19/2012Number 220395Expires 11/19/2014

MO 580-0771 (7-89)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-89)